

Work Order ID 101796

May-13-13 1:14:25 PM

Item ID: D3150-1

Revision ID:

Item Name: Guide

Start Date: 5/13/13 Start Qty: 4.00

Accept

101796

Required Date: 6/01/13 Req'd Qty: 4.00

4

4

N900040100

Setup

Start

NS1

Stop

NS2

Reference:

Approvals: Process Plan: MJS

Date: 13-05-14 Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100	Rev C	0.00							
100									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	CUT AS PER DWG								
304.125	DWG REV: C								
	PROG REV: C								
	DEBURR								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110									
QC	Memo	0.00							
Quality Control									

4 0 JmB10-23

JmB10-23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

OA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other					
Part No. _____ NCR No. _____													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear				General									
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other			

Work Order ID 101796

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101796

Page 2

Item ID: D3150-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Guide

Stop

NS2

Start Date: 5/13/13

Start Qty: 4.00

4

Cust Item ID:

Required Date: 6/01/13

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC8- Inspect parts - second check

0.00

DAS

27

9-89

4

120

QC

Quality Control

130

130

Small Fab

Small Fab

Memo

0.00

0.00

B 10 B

4X

B 10 2

DAS

26

9-89

140

140

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS

27

9-89

B 10 23

4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order:				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
Part No. _____				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
NCR No. _____								Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

Work Order ID 101796

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Page 3

Item ID: D3150-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Guide

Stop

NS2

Start Date: 5/13/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 6/01/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
Description

150

150

Packaging

Packaging

Identify as per dwg & Stock Location:

*Ship*Set Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

0.00

0.00

4X
DAS
26
9-89

13-10-23

160

160

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

D/J/RB/101796
MF
13-10-23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
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				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

Picklist Print

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Page 1

Work Order ID: 101796

Parent Item: D3150-1

Parent Item Name: Guide

Start Date: 5/13/13

Required Date: 6/01/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 10-09-24 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M304S11GA 304/316 0.125 Sheet		Purchased	No		100		sf	183.3300	0.0156	0.0656844	1.0		
----------------------------------	--	-----------	----	--	-----	--	----	----------	--------	-----------	-----	--	--

Location	Loc Qty	Loc Code
MAT020	183.33	
122521	24.93	
124445	158.4	124445

5/13-10-23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
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				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

DART AEROSPACE LTD	Work Order:	101796
Description: Guide	Part Number:	D3150-1
Inspection Dwg: D3150	Rev: C	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

DAS

27

Measured by:	Jm	Audited by:	9-89	Preliminary Approval:	
Date:	13-10-23	Date:	13-10-23	Date:	

Rev	Date	Change	Revised by	Approved
A	10.10.06	New Issue	KJ	

